Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH
▶ School of Nursing
▶ Education & Consulting Services
▶ Allied Health Continuing Education
1237 North Mission Road, Los Angeles, California 90033
(323) 226-4911/6511

TRANSCRIPT REQUEST

PLEASE PRINT CLEARLY

Requested By: Last :_____ First:_____ Date of Birth: _____

Requestor's Address: _____ E-Mail: _____

City: _____ State: ____ Zip Code: _____ Telephone Number: _____

Check One: ☐ Current Student ☐ Graduate ☐ Resigned – Date:_____

Name at time of Graduation or Resignation: _____ Class of:_____

Current Employer: _____

Purpose of Request: ☐ Personal ☐ Employment ☐ College/University ☐ Scholarship

PAYMENT: (Fee may change without notice).

- Regular: $3.00 per copy (within 10 business days).
- Rush: $10.00 per copy (within 1-2 business days)
- **Payable to** the Los Angeles County College of Nursing and Allied Health.
- Payment (check or money order) for transcripts must accompany written request.

Transcript requested in person: Make payment at any LAC+USC Medical Center Cashier Office, bring receipt and transcript request form to the College.
Transcript requested by mail: Send payment and request form to the College at the above address.

Cost: Regular: # copies requested _____ X $3.00. **Total:** _____

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Delivery: ☐ Pick Up Number of transcripts to be picked up: _____

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Signature: _____ Date: _____

Transcripts will be processed ONLY when the form is signed by the requestor and requestor has been cleared of financial obligations if any.

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Revised: 11/2012; 01/2013; 07/2013